HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
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Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
LYMAN	Albert	Lono	808-282-0448
MAILING ADDRESS (Street)			FAX None
2048-A Ualakaa Street			EMAIL lymana001@hawaii.rr.com
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96822
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Not applicable			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)		(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Kapoho Management Company, Inc. (GP)/Kapoho Land Partnership(LtdP)		808935-5810
MAILING ADDRESS (Street)		FAX None
Suite 7, 949 McCully Street		EMAIL klp@hawaii.rr.com
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96826
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Brian Iwata, CPA, Taketa Iwata Hara & Associates		808-93505404
MAILING ADDRESS (Street)		FAX
Suite 139, 101 Aupuni Street		EMAIL Brian@tihcpa.com
(City)	(State)	(Zip Code)
Hilo	Hawaii	96720-4280

REC'D BY

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

✓ Agriculture	☐ Education	☐ Human Services	✓ Science, Technology & Economic Development
✓ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
✓ Culture, Arts, Historic Preservation	☐ Health	✓ Planning, Land & Water Use Management	☐ Other: (indicate below)
✓ Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Clarence K. Lyman, Secretary

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED: Kapoho Management Co. Inc

NAME OF ORGANIZATION (if applicable): Kapoho Management Company Inc (GP) Kapoho Land Partnership (LP)

TELEPHONE: 808-935-5810

MAILING ADDRESS (Street): % TIH, Suite 139, 101 Aupuni St.

FAX: None

EMAIL: klp@hawaii.rr.com

(City): Hilo (State): Hawaii (Zip Code): 96720

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Clarence K. Lyman, President 01/30/2015

(Signature of Authorizing Officer or Person Represented) (Date)